

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

SPINAL DISC SPACE DISTRACTOR

and for which a patent application:

☐ is attached hereto and includes amendment(s) filed on *(if applicable)*

☒ was filed in the United States on October 1, 1999 as Application No. 09/411,161 *(for declaration not accompanying application)*

with amendment(s) filed on *(if applicable)*

☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on *(if applicable)*

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE
60/102,669	October, 2, 1998

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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SEND CORRESPONDENCE TO:		PENNIE & EDMONDS LLP 1667 K Street, N.W. Washington, D.C. 20006		DIRECT TELEPHONE CALLS TO: PENNIE & EDMONDS LLP DOCKETING (202) 496-4721	
2 0 1	FULL NAME OF INVENTOR	LAST NAME AEBI	FIRST NAME Max	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Montreal	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canada	
	POST OFFICE ADDRESS	STREET 687 Pine Avenue West	CITY Montreal, Quebec	STATE OR COUNTRY Canada	ZIP CODE H3A 1A1
2 0 2	FULL NAME OF INVENTOR	LAST NAME STEFFEN	FIRST NAME Thomas	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Montreal	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Switzerland	
	POST OFFICE ADDRESS	STREET 373 Place D-Youville, Apt. 505	CITY Montreal, Quebec	STATE OR COUNTRY Canada	ZIP CODE H2Y 2B7
2 0 3	FULL NAME OF INVENTOR	LAST NAME PAUL	FIRST NAME David	MIDDLE NAME C.	
	RESIDENCE & CITIZENSHIP	CITY Phoenixville	STATE OR FOREIGN COUNTRY Pennsylvania	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 405 Greene Lane	CITY Phoenixville	STATE OR COUNTRY Pennsylvania	ZIP CODE 19460
2 0 4	FULL NAME OF INVENTOR	LAST NAME COTTLE	FIRST NAME William	MIDDLE NAME A.	
	RESIDENCE & CITIZENSHIP	CITY Vancouver	STATE OR FOREIGN COUNTRY British Columbia, Canada	COUNTRY OF CITIZENSHIP Canada	
	POST OFFICE ADDRESS	STREET 3951 West 20th Avenue	CITY Vancouver, British Columbia	STATE OR COUNTRY Canada	ZIP CODE V6S 1G3
2 0 5	FULL NAME OF INVENTOR	LAST NAME SCHENK	FIRST NAME Beat	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Nugler	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland	
	POST OFFICE ADDRESS	STREET Steinackerstrasse 14	CITY Nugler	STATE OR COUNTRY Switzerland	ZIP CODE 4412
2 0 6	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
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SIGNATURE OF Max AEBI	SIGNATURE OF Thomas STEFFEN	SIGNATURE OF David PAUL
DATE 6. July 2000	DATE	DATE
SIGNATURE OF William COTTLE	SIGNATURE OF Beat SCHENK	
DATE	DATE	

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DATE	DATE 12 July 2000	DATE
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	POST OFFICE ADDRESS	STREET 3951 West 20th Avenue	CITY Vancouver, British Columbia	STATE OR COUNTRY Canada ZIP CODE V6S 1G3
205	FULL NAME OF INVENTOR	LAST NAME SCHENK	FIRST NAME Beat	MIDDLE NAME
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	POST OFFICE ADDRESS	STREET Steinackerstrasse 14	CITY Nugler	STATE OR COUNTRY Switzerland ZIP CODE 4412
206	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
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SIGNATURE OF Max AEBI	SIGNATURE OF Thomas STEFFEN	SIGNATURE OF David PAUL 
DATE	DATE	DATE 9/26/06
SIGNATURE OF William COTTLE	SIGNATURE OF Beat SCHENK	
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DATE	DATE	DATE
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APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF Max AEBI	SIGNATURE OF Thomas STEFFAN	SIGNATURE OF David PAUL
DATE	DATE	DATE
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DATE	DATE 13 October 1995	